				. 1	_
Please type a	plus sign	(+) inside	this box	\rightarrow	+

PTO/SB/01 (10-00)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)		Attorney Docket Number First Named Inventor		1340-013
				Higgins
		COMPLETE IF KNOWN		
		Application Number		
Declaration Submitted OR With Initial Filing Declaration Submitted after Initial Filing (37 CFR 1.16 (e)) required)	Filing Date	M	arch 11, 2004	
	Submitted after Initial	Group Art Unit		
	(37 ČFR 1.16 (e))	Examiner Name		

As a below named inventor, I hereby declare that:						
My residence, mailing address, and citizenship are as stated below next to my name.						
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:						
METHOD FOR IN-FURNACE REGULATION OF SO3 IN CATALYTIC SYSTEMS						
Abo and Francisco of which	(7	itle of the Invention)				
the specification of which						
is attached hereto OR		as I Inited	States Application I	Number or PCT International		
was filed on (MM/DD/YYYY)		as officed	States Application i	Number of PC1 International		
Application Number	and was a	mended on (MM/DD/Y	YYY) [(if applicable).		
I hereby state that I have reviewed amended by any amendment spec			entified specification	n, including the claims, as		
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.						
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.						
Prior Foreign Application Number(s)						
			0000			
☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:						
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.						
Application Number(s)	Filing Dat	e (MM/DD/YYYY)		al province of application		
60/544,724 February 14, 2004 Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.						

[Page 1 of 2]
Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box

+

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

	Customer Nu or Bar Code l		23485		OR 🗌	Correspondence address below
Name						
Address						
Address				· · · · · · · · · · · · · · · · · · ·		
City				State		ZIP
Country		Telephon	ne			Fax
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.						ul false statements and the like so
NAME OF SOLE OR FIRST INV	ENTOR:			A petiti	on has been fi	ed for this unsigned inventor
Given Name Brian S. (first and middle [if any])	Given Name Brian S. Family Name Higgins					3
Inventor's Signature	2					03/11/04 Date
Residence: City Raleigh	Residence: City Raleigh State NC US Country US Citizenship					Citizenship US
Mailing Address 107 Edinburg	h Dr. So	uth				
Mailing Address Suite 203						
_{city} Raleigh	n Roman NC ZIP 27511			27511	Country US	
NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any]) Family Name or Surname						
Inventor's Signature Date						
Residence: City State Country Citizenship						
Mailing Address Mailing Address						
City	State		·	ZIP		Country
	Additional inventors are being named on thesupplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					

PTO/SB/81 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	March 11, 2004
First Named Inventor	Higgins
Group Art Unit	
Examiner Name	
Attorney Docket Number	1340- 0/3

I hereby appoint:							
OR	named below:	□	Place Customer Number Bar Code Label here				
Name Registration Number							
	, tarrie	rtogiotidi					
as mylaur attamayla	\						
business in the Unite) or agent(s) to prosecute the application id ed States Patent and Trademark Office con	enunea above, a nected therewith	and to transact all				
			••				
Please change the	arronned anno address for the should be the	Sad annlinetine t	·				
и	rrespondence address for the above-identi- ioned Customer Number	ned application t	10:				
<u> </u>	oned dustomer (valueer).						
OR							
Firm or Individual Name							
Address							
Address							
City	s	tate	Zip				
Country							
Telephone		ax					
I am the:	I am the:						
X Applicant/Inventor.							
Assigned of record of the entire interest. See 27 CED 2 74							
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).							
SIGNATURE of Applicant or Assignee of Record							
		O Necola	· - · · · · · · · · · · · · · · · · · ·				
Name	Brian S. Higgins						
Signature	5-18/						
Date	Date 3/3/2004						
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.							
•Total of 1 forms are submitted.							